K043336

IBt

2 December 2004

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Title: Premarket Notification: Traditional 510(k) – OptiStrand™

510(K) SUMMARY

Applicant /Manufacturing Site:

lBt s.a.

Zone Industrielle C

7180 Seneffe - Belgium

(+32) 64 / 520 811

Fax:

(+32) 64 / 520 801

Establishment Registration Number:

Contact Person IBt s.a.:

F-mail:

9031509 (IBt s.a.)

Sylviane Berger, Management Representative

sberger@brachytherapy.be and

FDA@ibt4seeds.com

Official Correspondent:

IBt, Inc.

6000 Live Oak Parkway, Suite 107

Norcross, GA 30093

Tel:

(770) 582 0662 (770) 582 0657

Fax: Establishment Registration Number:

9035105 (IBt, Inc.)

Contact Person IBt, Inc.:

Ruth Feicht, Regulatory

E-mail:

rfeicht@ibt4seeds.com and

FDA@ibt4seeds.com

Device Information

Trade Name:

OptiStrand¹⁰³ (OptiStrand[™] is a Trademark of IBt s.a.)

Model Number:

1032S

Common Name of Device

Description:

Sealed Source; seed; interstitial implant

OptiStrand¹⁰³ implants are OptiSource™ seeds

(#K040766) linked together with a spacer or spacers to

create a multi-seed sourcetrain.

Traditional Type of 510(k) Submission:

Classification Information

Classification: Radionuclide Brachytherapy Source

Class of Device: 21 CFR 892.5730, Class II

Product Code: 90-KXK

Intended Use

OptiStrand¹⁰³ implants are indicated for interstitial implantation of select localized tumors with low to moderate radiosensitivity. They are used either as primary treatment for tumors such as those of the head, lung, neck, pancreas, breast, cervix, prostate, and unresectable tumors, or for residual disease after excision of the primary tumor. OptiStrand 103 implants are indicated for use concurrent with or at the completion of other treatment modalities, such as external beam radiation therapy or chemotherapy.



JAN 2 1 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

IBt, s.a. % Ms. Ruth Feicht Regulatory IBt, Inc. 6000 Live Oak Parkway, Suite 107 NORCROSS GA 30093 Re: K043336

Trade/Device Name: OptiStrand¹⁰³ (OptiStrand[™]

is a Trademark of IBt, s.a.)

Regulation Number: 21 CFR 892.5730

Regulation Name: Radionuclide

brachytherapy source

Regulatory Class: II Product Code: 90 KXK Dated: December 2, 2004 Received: December 8, 2004

Dear Ms. Feicht:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

21 CFR 876.xxxx	(Gastroenterology/Renal/Urology)	240-276-0115
21 CFR 884.xxxx	(Obstetrics/Gynecology)	240-276-0115
	(Radiology)	240-276-0120
21 CFR 892.xxxx	(Radiology)	240-276-0100
Other		270-270-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Nancy C. Brogdon
Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

510(k) Number (if Known): K043336	Page of
510(k) Number (if Known): 1 (0-7-2-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	
Device Name: OptiStrand ¹⁰³	
Indications For Use:	
OptiStrand 103 implants are indicated for interstitial implated localized tumors with low to moderate radiosensitivity. The as primary treatment for tumors such as those of the heap pancreas, breast, cervix, prostate, and unresectable ture disease after excision of the primary tumor. OptiStrand indicated for use concurrent with or at the completion of modalities, such as external beam radiation therapy or the such as external beam radiation.	hey are used either ead, lung, neck, mors, or for residual ^{lo3} implants are f other treatment
(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON A	ANOTHER PAGE IF
Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use OR Over-The-Cou	ınter-Use
(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices.	
\$10(k) Number / \(\sqrt{1222} \tag{4}	

\$10(k) Number_